

b. Respondent's Phone No.:

San Manuel Tribal Court

San Manuel Indian Reservation 3214 Victoria Avenue Highland, CA 92346

Phone: (909) 907-6920

DISORDERLY CONDUCT PETITION ☐ Attorney □ Advocate Party Representing Self (check one) Name: Address: Phone: Fax: For Court Use Only Case Number: If Attorney or Advocate, name of party represented: Petitioner(s): Hearing Date: Time: Respondent(s): (If more space is needed for any item, attach additional sheets as needed, with "Disorderly Conduct Petition" at top.) 1. Petitioner is (check one): San Manuel Tribal Member Tribe If Petitioner is a San Manuel General Council member, he/she must attach proof that he/she is a Tribal Member and is at least 18 years old, which can be obtained from Senior Executive Assistant to the Business Committee, Michelle Olden. 2. a. Petitioner's Address: (If not provided above) b. Petitioner's Phone No .: c. Petitioner's Fax No .: 3. a. Respondent's Address:

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c. Respondent's Date of Birth:

Petitioner(s)/Respondent(s):			Case Number:		
4.	dentify whether the respondent is any of the following (check all that apply):				
		☐ Non-Member Indian ☐ Resident of San Manuel Reservation Id allegedly committed the incident of disorderly conduct cluding a spouse or person residing with the member) allegedly committed			
5.	a. Date(s) alleged incident committed: b. Date Petitioner learned of alleged incident:				
6.	. Applicable paragraph(s) of section 8.2.2 of Disorderly Conduct Ordinance ((a) - (p)):				
7. Location where alleged act(s) occurred (check all that apply):					
	Within the boundaries of the San M Specify location:	Manuel Reservation	At a San Manuel T	ribal facility	
8.	If alleged act(s) occurred at a San Manuel Tribal event:				
	a. Describe event (date, time, local	tion, name or type of event):			
9.	b. Was event sponsored, in whole c. Were Tribal government officials Describe the alleged act(s) in detail:	•	☐ Yes ☐ Yes	□ No □ No	
10	See attached declaration(s), incide . Describe potential or actual severity of				

Petitioner(s)/Respondent(s):	Case Number:
11. How many persons were affected by the alleged act(s)? (Provide na suffered by each)	ames, if possible, and potential or actual harm
12. Describe level of government resources required to address the alle	eged act(s):
13. Describe impact of alleged act(s) on residential life on Tribal lands a	and impact on government enterprises:
14. If Respondent is known to have committed prior act(s), in violation of within the past five years, provide details below:	of the San Manuel Disorderly Conduct Ordinance
15. If Petitioner is seeking specific sanctions or remedies against the Reorders, please describe:	espondent for the alleged act(s), or other relief or

Petitioner(s)/Respondent(s):	Case Number:			
16. Number of pages attached to this form, if any:				
Note: This Disorderly Conduct Petition must be served and a proof of service filed with the court within 60 days of the date on which the Court Clerk issues the related Summons to Appear.				
I declare under penalty of perjury under the laws of the San Manuel Band of Mission Indians that the foregoing is true and correct.				
Date:				
	Petitioner's Signature			
Date:				
	Attorney's or Advocate's Signature			
	(if applicable)			